



Volunteer Application

Flathead County Library System

Thank you for your interest in volunteering with the Flathead County Library System!

Please complete and return this application to:

Volunteer Coordinator
 Flathead County Library System, Main Branch
 247 1st Avenue E.
 Kalispell, MT 59901

Office Use

Interviewer _____

Date _____

References Contacted Y / N _____

Orientation Complete Y / N _____

Volunteer ID# _____

Start Date _____

Location _____

Day and Time _____

Name: _____

Address: _____

Zip Code: _____

Telephone: _____ (daytime) _____ (evening)

Email: _____

Date of Birth: ____/____/____ (Year of birth is not needed)

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone: _____

Library Location Preference

Bigfork
 Columbia Falls
 Kalispell
 Marion
 Whitefish

Preferred Work Schedule (Please be specific)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available Times						

Education

Last grade completed: _____

I am currently in school (Please indicate which school, community college, or university you attend): _____

Work Experience (Include previous volunteer experience and military service)

Personal References (Please list the names, addresses, and telephone numbers of **two** references that you have know for a minimum of one year. Do **not** use family members as a personal reference.)

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Certification

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application, verification of references and criminal history check. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any service I provide.

Signature: _____ Date: _____

Release

I authorize the Volunteer Coordinator of the Flathead County Library System to verify information on this application and to perform a check of my background as it applies to my volunteer service. I have no objections to having my record cleared through appropriate law enforcement agencies. I understand that all such information collected during the check will be kept confidential. _____(initials)

Volunteer Assignment Preferences

Please check the box to the left of the volunteer assignment you are most interested in. You may check a maximum of **three (3) boxes**. *We will make every attempt to assign you to a job in which you are interested; however, assignments are based on library needs.*

	<p>Circulation Support Assistant</p> <ul style="list-style-type: none"> Assist circulation staff by providing support for back room activities Assist customers with express checkout 		<p>Collection Maintenance Assistant</p> <ul style="list-style-type: none"> Assist with removing old, damaged and non-circulating materials under direction from department or branch managers 		<p>Deep Cleaner</p> <ul style="list-style-type: none"> Clean library materials, furniture, and equipment
	<p>Discarded Materials Assistant</p> <ul style="list-style-type: none"> Assist technical processes staff with processing weeded materials for discard, including stamping and boxing materials for recycling or Friends of the Library annual book sale 		<p>Gardening Assistant (Main Library-June through September ONLY)</p> <ul style="list-style-type: none"> Assist with planning landscaping projects with library staff and for overseeing the gardening activities performed Plant flowers and bulbs, weed and mulch beds 		<p>Holds Assistant</p> <ul style="list-style-type: none"> Assist circulation staff with notifying customers of ready holds via phone Place items on assigned shelves at Circulation Desk Assist circulation staff with retrieving customer requested materials from shelves
	<p>Media Filing Assistant</p> <ul style="list-style-type: none"> Assistant circulation staff with filing DVDs and music CDs in storage sleeves 		<p>New Materials Processing Assistant</p> <ul style="list-style-type: none"> Assist technical processes staff in preparing new materials for circulation, including processing media, applying book jackets, laminating film and property stamps 		<p>Research Services Assistant</p> <ul style="list-style-type: none"> Coordinate and research genealogy and local history requests under the direction of professional staff Photocopy and scan newspapers, local history materials, and special collections
	<p>Shelf Reader</p> <ul style="list-style-type: none"> Read spine labels to determine proper placement of materials on shelves Ensure displays are neat and refreshed frequently 		<p>Shelving Assistant</p> <ul style="list-style-type: none"> Assist with sorting and shelving books, newspapers, magazines, DVDs and music CDs 		<p>Special Project Assistant (On-Call)</p> <ul style="list-style-type: none"> Assist staff with any special projects within various departments
	<p>Storytime Assistant</p> <ul style="list-style-type: none"> Assist children's staff with storytime planning and presentation Assist participants with craft projects Help parents and children locate materials before and after storytime 		<p>Storytime Craft Assistant</p> <ul style="list-style-type: none"> Assist in preparation of craft materials for storytime or special events, such as the Teddy Bear Picnic and Dr. Seuss Birthday Party 		

Parental Permission (For volunteers under 16 years old)

I (print name) _____, parent/legal guardian, grant permission for

(print) _____ to volunteer at the Flathead County Library System.

Parent/Legal Guardian Signature _____ Date: _____